

BUILDING PERMIT  
RESIDENTIAL ADD  
BL 0600 0912240020

7671 ~~SHORE~~ SUNSIDE  
BUILDING PERMIT  
RESIDENTIAL ADD  
BL 0600 0912240020  
JORDAN

LEGAL ID: TR: 701	LT: 51	BL: .001	STRUCTURE: GARAGE: OTHER:	SQ. FT 950	NO. OF STORIES 1	CONST TYPE V-B	NEW OCCUP GROUP R-3	BUILDING ADDRESS: 7671 SUNSIDE DR LACO CA 917703836 NEAREST CROSS STREET: THOMAS PAGE: 636 GRID: E4 LOCALITY: ROSEMEAD	
ASSESSOR INFORMATION NUMBER: 5277-015-056	TENANT:			EXIST BLDG USE: EXIST OCC GRP:	USE ZONE: A-1			ISSUED ON: 12/21/11	PROCESSED BY: SH
OWNER: INOUE, CAMERON AND DEAN 7671 SUNSIDE DR ROSEMEAD CA	TEL. NO: (626) 543-8197-			BLDGS. NOW ON LOT:	VALUATION: 200,000			FINAL DATE 7/9/13	FINAL BY A. De la Cruz
APPLICANT: E B E ASSOCIATES INC 3125 N ANDRITA ST LOS ANGELES 90065	TEL. NO: (323) 550-8375-			FEES PAID			DESCRIPTION OF WORK 950 SQFT ADDITION TO (E) SFD, REFRAME 900 SQFT OF EXISTING ROOF, REROOF REMAINING AREA		
CONTRACTOR: E B E ASSOCIATES INC 3125 N ANDRITA ST LOS ANGELES CA 90065	TEL. NO: (323) 550-8375- LIC. NO 721460 B			FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:	SPECIAL CONDITIONS: RPP201100405 R03-150	
ARCHITECT OR ENGINEER: SANCHEZ, PABLO B 404 S 3RD ST ALHAMBRA, CA	TEL. NO: (626) 625-5648- LIC. NO: 29664			B1 PLANCHHECK W/ENERGY	127680.00	VAL	1,299.74	APPROVALS	
MAP NO: SEWER MAP BOOK: PAGE: 129-257	FIRE ZONE: 3			E1 PC EXTENSION FEE 25%	325.00	DOL	325.00	DATE	
NO. OF FAMILIES: DWELLING UNITS: APT/COND: STAT CLASS: 0 NO 21	HAZARDOUS MATERIALS NO			E2 INSPECTION (HOURLY)	2.00	HOU	188.50	INSPECTOR SIGNATURE	
AIR QUALITY: NO	SCHOOL WITHIN 1000 FEET NO			E1 PC EXTENSION FEE 25%	325.00	DOL	325.00	LOCATION AND SETBACKS	
				AA BLDG PERMIT ISSUANCE			27.40	SOILS ENGINEER APPROVAL	
				AB STATE GREEN BLDG FEE	200000.00	VAL	8.00	FOUNDATION/TRENCH FORMS	
				AC STRONG MOTION RESID	200000.00	VAL	20.00	SLAB/UNDER FLOOR	
				B1 PLANCHCHECK W/ENERGY	200000.00	VAL	507.76	RAISED FLOOR FRAMING	
				B2 PERMIT W/ENERGY	200000.00	VAL	2,126.40	UNDERFLOOR INSULATION	
				TOTAL FEES			4,827.80	1ST LEVEL FLOOR SHEATH	
				5.4.12 REBAR @ INTERIOR OF EXIST. SFD OK. M.A.				2ND LEVEL FLOOR SHEATH	
				EXTERIOR INSULATION 8.2.2012 K. D. Smith				ROOF SHEATHING	
								FIRE DEPT. FRAME INSPECT	
								BLDG DEPT. FRAME INSPECT	
								SHEAR PANELS	
								INSULATION/WEATHER STRIP	
								INTERIOR LATH/DRYWALL	
								EXTERIOR LATH	
								LOT DRAINAGE	
								SMOKE DETECTION DEVICES	
								FIRE DEPARTMENT APPROVAL	

## OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code): Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

( ) I, as owner of the property, or my employees with wages as their sole compensation, will do (✓) all of or ( ) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)

( ) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

( ) I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Date: \_\_\_\_\_

Signature of Property Owner or Authorized Agent

## LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class B License No. 7212460

Date 12/21/12 Contractor Signature [Signature]

## WORKERS' COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

( ) I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. 0020704-2011  
( ) I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:  
State Fund 0020704-2011 10/1/12  
Carrier Policy Number Expiration Date

Name of Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

Signature of Applicant [Signature] Date 12/21/12

## LOBBYIST ORDINANCE CERTIFICATION

Complete this section for permits in  
Unincorporated Los Angeles County only

This is to certify that I, as permit applicant, am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and that all persons acting on behalf of myself complied and will continue to comply therewith through the application process.

Applicant (Print Name) EDEL UERA  
Company Name EBE ASSOC INC  
Applicant Signature [Signature]  
Date 12/21/12

JOB ADDRESS
LOCALITY

## HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than the amount specified on the hazardous materials information guide?

Yes ☐ No ☒

Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.

Yes ☐ No ☒

I have read the hazardous materials information guide and the SCAQMD permitting checklist, I understand my requirements under the Los Angeles County Code Title 2, Chapter 220 Sections 220.100 through 220.140 concerning hazardous material reporting and for obtaining a permit from the SCAQMD.

## ASBESTOS NOTIFICATION

- ☐ Notification letter sent to AQMD and/or EPA  
☒ I declare that notification of asbestos removal is not applicable to addressed project.

## DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a Construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

By my signature below, I certify to each of the following:  
I am the property owner or authorized to act on the property owner's behalf.

I have read this application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this county to enter the above-identified property for inspection purposes.

Signature of Property Owner or Authorized Agent [Signature]

Date 12/21/12

ELECTRICAL PERMIT  
EL 0600 1112210014

[illegible]



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(☐) I, as owner of the property, or my employees with wages as their sole compensation, will do (☒) all of or (☐) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

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By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Date: \_\_\_\_\_

Signature of Property Owner or Authorized Agent

## LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class B License No. 721460

Date 12/21/11 Contractor Signature [Signature]

## WORKERS' COMPENSATION DECLARATION

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

I hereby affirm under penalty of perjury one of the following declarations:

☒ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. 0020704-204  
☒ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier State Fund Policy Number 0020704-204 Expiration Date 10/1/12

Name of Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

☒ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

Signature of Applicant [Signature] Date 12/21/11

## LOBBYIST ORDINANCE CERTIFICATION

Complete this section for permits in  
Unincorporated Los Angeles County only

This is to certify that I, as permit applicant, am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and that all persons acting on behalf of myself complied and will continue to comply therewith through the application process.

Applicant (Print Name) EDEL VERA Applicant Signature [Signature]  
Company Name EBE ASSOC INC Date 12/21/11

JOB ADDRESS
LOCALITY

## HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than the amount specified on the hazardous materials information guide?

Yes ☐ No ☒

Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.

Yes ☐ No ☒

I have read the hazardous materials information guide and the SCAQMD permitting checklist, I understand my requirements under the Los Angeles County Code Title 2, Chapter 220 Sections 220.100 through 220.140 concerning hazardous material reporting and for obtaining a permit from the SCAQMD.

## ASBESTOS NOTIFICATION

- ☐ Notification letter sent to AQMD and/or EPA  
☒ I declare that notification of asbestos removal is not applicable to addressed project.

## DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a Construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

By my signature below, I certify to each of the following:  
I am the property owner or authorized to act on the property owner's behalf.  
I have read this application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this county to enter the above-identified property for inspection purposes.

Signature of Property Owner or Authorized Agent [Signature]

Date 12/21/11

PLUMBING PERMIT  
PL 0600 1112210013

LEGAL ID: TR: 701	LT: 51	BL: .001
ASSESSOR INFORMATION NUMBER: 5277-015-056		
TENANT:		
OWNER: INOUE, CAMERON AND DEAN 7671 SUNSIDE DR ROSEMEAD CA	TEL. NO: (626) 543-8197-	
APPLICANT: E B E ASSOCIATES INC 3125 N ANDRITA ST LOS ANGELES 90065	TEL. NO: (323) 550-8375-	
CONTRACTOR: E B E ASSOCIATES INC 3125 N ANDRITA ST LOS ANGELES CA 90065	TEL. NO: (323) 550-8375- LIC. NO 721460 B	
ARCHITECT OR ENGINEER: SANCHEZ, PABLO B 404 S 3RD ST ALHAMBRA, CA	TEL. NO: (626) 625-5648- LIC. NO: 29664	

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE			27.40
07 BATHTUBS/SHOWERS	2.00	FIX	31.90
11 CLOTHESWASHER (S)	1.00	FIX	16.00
13 DISHWASHER (S)	1.00	FIX	16.00
21 HOSE BIBB (S)	2.00	FIX	31.90
25 LAVATORIES / SINKS	2.00	FIX	31.90
45 WATER CLOSET/URINAL	1.00	FIX	16.00
51 LOW PRS GAS LE5 OUTS	1.00	SYS	16.00
60 DWV REPAIR OR ALTER	1.00	SYS	16.00
TOTAL FEES			203.10

BUILDING ADDRESS: 7671 SUNSIDE DR LACO CA 917703836 NEAREST CROSS STREET: THOMAS PAGE: 636 GRID: E4 LOCALITY: ROSEMEAD		
ISSUED ON: 12/21/11 PROCESSED BY: SH PLAN BY:		
FINAL DATE	FINAL BY:	CODE:
7/9/13	Also De La Cruz	
DESCRIPTION OF WORK PLUMBING FOR ADDITION		
SPECIAL CONDITIONS:		
APPROVALS	DATE	INSPECTOR SIGNATURE
UNDER <del>PIPE</del> WORK Flood	5/4/12	W. Delapena
WATER SERVICE PLASTIC Y/N METAL Y/N		
ROUGH PLUMBING	7.17.2012	R. Delapena
GAS PIPING	8.30.2012	R. Delapena
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
LAWN SPRINKLERS		
GAS TEST		
UTILITY COMPANY NOTIFIED		
CWV		
GRAY WATER SYSTEM		
SHOWER PAN	7.17.2012	R. Delapena

REPORT ID: DPR263

ROUTE TO: BS0600



## OWNER-BUILDER DECLARATION

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Date: \_\_\_\_\_

Signature of Property Owner or Authorized Agent

## LICENSED CONTRACTOR'S DECLARATION

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License Class B License No. 12960  
Date 12/21/11 Contractor Signature \_\_\_\_\_

## WORKERS' COMPENSATION DECLARATION

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Policy No. 0020704-2011  
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State Fund 0020704-2011 10/1/12  
Carrier Policy Number Expiration Date

Name of Agent Phone Number

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Signature of Applicant \_\_\_\_\_ Date 12/21/11

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Complete this section for permits in  
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Applicant (Print Name) EDEL VERA Applicant Signature \_\_\_\_\_  
Company Name EBE ASSC INC Date 12/21/11

JOB ADDRESS

LOCALITY

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Yes ☐ No ☒

Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.

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Signature of Property Owner or Authorized Agent

Date 12/21/11

MECHANICAL PERMIT  
ME 0600 1112210007

[illegible]



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License Class B License No. 721460

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Signature of Applicant [Signature] Date 12/21/11

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Applicant (Print Name) FEDEL VERA Applicant Signature [Signature]  
Company Name FEDEL ASSOCIATES Date 12/21/11

JOB ADDRESS
LOCALITY

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## ASBESTOS NOTIFICATION

☐ Notification letter sent to AQMD and/or EPA

☒ I declare that notification of asbestos removal is not applicable to addressed project.

## DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a Construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name

Lender's Address

By my signature below, I certify to each of the following:  
I am the property owner or authorized to act on the property owner's behalf.

I have read this application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this county to enter the above-identified property for inspection purposes.

Signature of Property Owner or Authorized Agent [Signature]

Date 12/21/11





# INSPECTION CONSULTING SERVICES

Serving Southern California

## INSPECTION REPORT

P.O. Box 2047 • West Covina, CA 91793-2047  
(800) 925-7788 • (626) 926-4236  
Fax (626) 851-9378

Inspector Name	Job Number	Date	M	T	W	T	F	S	S
Job Name		Build Permit Number / OSA / OSHAPO App. File #	Jurisdiction						
Address	7671 SUNSIDE DR.	3/2/12	LA COUNTY						
Architect	Engineer	General Contractor	Sub Contractor (If Any)						

REQUIREMENTS: Limit of one job number; one permit number per sheet. Identify all work by type and SPECIFIC location. Non-Compliant work must be specifically identified. Communication (RFI Sketch, etc.) voiding previous non-compliant items must be listed. Record conversations and communications with project designers, building and permit granting authority officials.

### Hours

REGULAR	1.5 X	2 X
4.0	φ	φ

Mileage: φ  
Expenses: φ

☐ Reinforcement ☐ Concrete ☐ Masonry ☐ Prestress Post Ten ☐ Fireproofing  
☐ Structural Steel ☒ Epoxy Dowels ☐ Other

### Description of Work Inspected

INSTALLATION OF EPOXY DOWELS FOR FOOTING PEN-CONNECTION BETWEEN NEW AND EXISTING FOOTINGS. DRILLED HOLES WERE VERIFIED FOR HOLE SIZE AND EMBEDMENT DEPTH. ALL DRILLED HOLES HAVE BEEN CLEANED WITH COMPRESSED AIR AND BRUSH. EPOXY WAS PLACED PROVIDING FULL COVERAGE TO EMBEDDED ANCHOR. LOCATION: FOOTING PEN-CONN. EAST/WEST WALL, FOOTING PEN-CONN.

### 4-PLACES

DETAIL: 4/D-2, 8/D-2 2-ROW OF #4 DOWELS w/ 6" EMBEDMENT EAST/WEST SIDES OF HOUSE, 5-FOOTING PEN-CONN. 2-#4 DOWELS w/ 6" EMBEDMENT.  
EPOXY: SIMPSON SET-XP

Mix Used	Design PSI	Cubic Yards	Specimens

### Certification of Compliance

I declare under penalty of perjury that all of the above statements are true, and that of own personal knowledge that the work during the period covered by this report has been performed and installed in every material respect in compliance with the approved plans, specifications and all applicable codes

All inspection based on a minimum of 4 hours and over 4 hours - 8 hour minimum. In addition, any inspection extending past noon will be an 8 hour minimum. If Inspector is called to a project and no work performed, a 2 hour minimum will be applied.

Inspector Name: Johnny Cota  
Inspector Signature: [Signature]  
Inspector ID's: 1095 LA County

Approved / Authorized by: [Signature] (Project Superintendent)

Submitted By: Johnny Cota (Inspection Consulting Services)



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Inspector Name	Job Number	Date	M	T	W	T	F	S	S
Job Name		Build Permit Number / OSA / OSHPO App. File #							Jurisdiction
Address		General Contractor							LACOUNTY
Architect	Engineer	Sub Contractor (If Any)							

REQUIREMENTS: Limit of one job number; one permit number per sheet. Identify all work by type and SPECIFIC location. Non-Compliant work must be specifically identified. Communication (RFI Sketch, etc.) voiding previous non-compliant items must be listed. Record conversations and communications with project designers, building and permit granting authority officials.

### Hours

REGULAR	1.5 X	2 X
4.0	φ	φ

Mileage: φ

Expenses: φ

☐ Reinforcement ☐ Concrete ☐ Masonry ☐ Prestress Post Ten ☐ Fireproofing

☐ Structural Steel ☐ Epoxy ☐ Other

### Description of Work Inspected

INSPECTION OF EPOXY ANCHORS DRILLED INTO CONCRETE. DRILLED HOLES WERE VERIFIED FOR HOLE SIZE AND EMBEDMENT DEPTH. ALL HOLES WERE CLEANED WITH COMPRESSED AIR AND BRUSH. EPOXY WAS PLACED PROVIDING FULL COVERAGE TO EMBEDDED ANCHOR.

LOCATION: SHEAR WALLS LINE C @ GRID 1.75 - 3 FOOTING REINFORC  
NEW TO EXISTING CONCRETE 7-#5 BARS W/ 6" EMBEDMENT  
2.) ~~PLATE~~ PLATE ANCHORS 5/8" ALL THREAD W/ 7" EMBEDMENT LINE 1 &

GRID B.5-C.25  
EPOXY: SIMPSON SET-XP

Mix Used	Design PSI	Cubic Yards	Specimens

### Certification of Compliance

I declare under penalty of perjury that all of the above statements are true, and that of own personal knowledge that the work during the period covered by this report has been performed and installed in every material respect in compliance with the approved plans, specifications and all applicable codes

All Inspection based on a minimum of 4 hours and over 4 hours - 8 hour minimum. In addition, any inspection extending past noon will be an 8 hour minimum. If Inspector is called to a project and no work performed a 2 hour minimum will be applied.

Inspector Name: Johnny Cota  
Inspector Signature: [Signature]  
Inspector ID's: 1095 LACOUNTY

Approved / Authorized by: [Signature] (Project Superintendent)  
Submitted By: Johnny Cota (Inspection Consulting Services)